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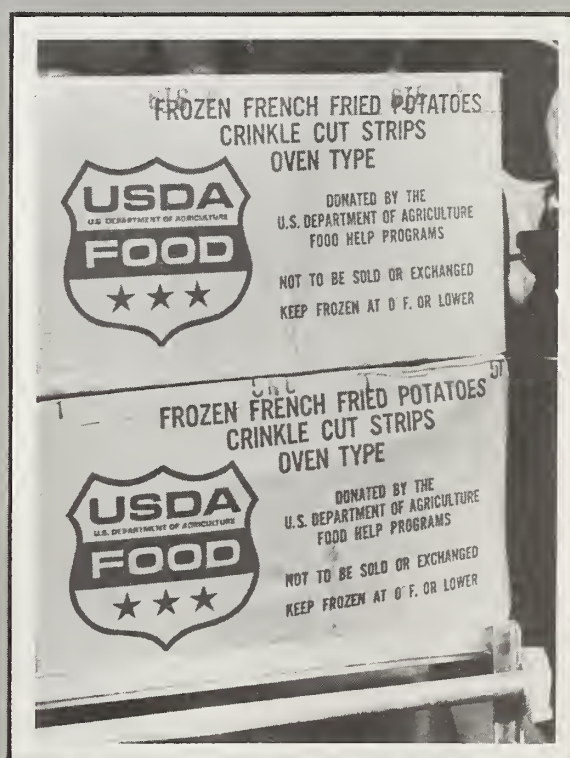
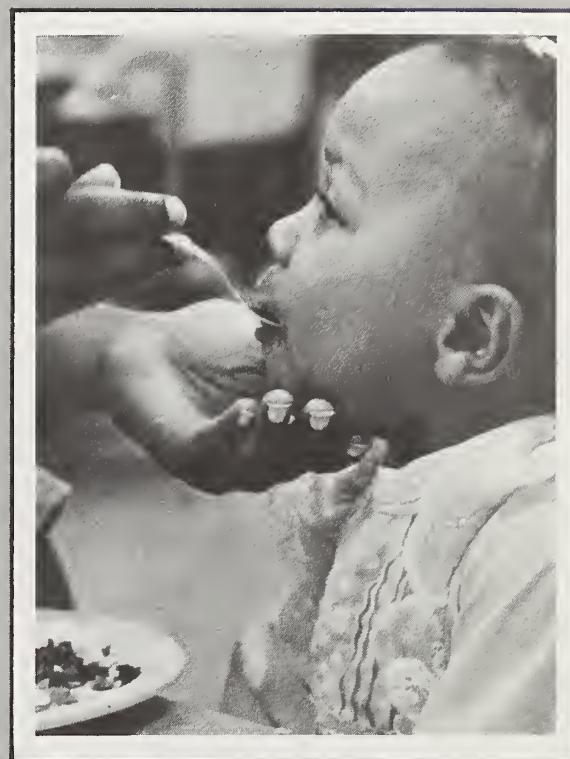
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Food & Nutrition

PRC STM

April 1988 Volume 18 Number 2



A Look At The Major Food Programs

A Look At The Major Food Programs

Are We Meeting Our Goals?

American taxpayers are now providing over \$20 billion dollars a year for food programs serving needy people in our country, according to Assistant Secretary of Agriculture John W. Bode. "Last year, the Food Stamp Program alone helped one in every seven Americans," he says.

Too often, headlines obscure these basic facts, leaving the impression that food assistance has been cut drastically, he says. In fact, most heated budget battles have been skirmishes at the margins of programs that are either stable or growing. The Administration's policy has strengthened and focused food assistance.

The central message is one of ongoing commitment. "We are providing an unprecedented amount of food assistance, and we are doing so more efficiently than ever," Bode says. From 1980 to 1987, overall spending for the 13 food assistance programs administered by USDA's Food and Nutrition Service (FNS) went up 43 percent, from \$14.3 billion to \$20.5 billion annually.

The basic mission is constant: to help low-income Americans obtain a nutritious diet; and to give farmers an outlet for their surplus products.

Supporting that mission is good management that reflects USDA's commitment to reducing the federal deficit. Good management targets benefits more accurately; slows the rate of growth in program costs; and improves program integrity.

The summary that follows is a report card on how well our major food assistance programs—food stamps, school lunch, WIC, and food distribution—are performing their missions.

Let's look first at the Food Stamp Program.

Food Stamps: A Stronger Foundation

The Food Stamp Program, which accounts for over half (59 percent) of FNS expenditures, remains a dependable support for low-income families, with participation directly related to economic trends.

"More people use the program during tough times, fewer people as the economy improves," Assistant Secretary Bode says. "It is there for anyone who is eligible."

Thus, as unemployment has fallen from more than 10 percent in 1982 to around 6 percent today, food stamp participation has dropped as well.

Nevertheless, the overall record has been one of prudent growth. When adjusted for inflation, spending for food stamps rose 9 percent from 1980 to 1987—from \$10.8 billion to \$11.7 billion annually—and the average monthly benefit per person rose from \$44.41 in 1980 to \$45.84 in 1987. (All fiscal year 1987 figures are preliminary.)

A number of initiatives in recent years have increased program efficiency and ensured that benefits go to those most in need.

For instance, in 1981, new legislation limited food stamp eligibility to persons whose gross income was less than 130 percent of the poverty line (except for the elderly and disabled to whom only net income limits apply).

With only a small number of persons affected, the new policy did not change the essential composition of the caseload, but it did help target benefits to poor Americans.

Targeting by income assures that benefits go to groups who are

especially vulnerable. About 63 percent of food stamp recipients are children, or elderly or disabled adults. Seventy-one percent of households served are headed by women.

Knowing that confidence in the integrity of the program is a condition of public support, FNS has also taken a number of steps to protect taxpayers' dollars from waste, fraud, and abuse. Those actions include:

- Strengthening state accountability for error rates in excess of the tolerance rate set by Congress;
- Implementing statutory requirements for monthly income reporting;
- Requiring states to cross-check reported income and asset data against other information such as wage records and Social Security;
- Automating state agencies' administrative functions for better accountability and improved service to recipients;
- Launching a series of management improvement initiatives. These have included incentive funding, technical assistance, and communication activities undertaken by federal, state, and local food stamp managers.

These and other cost-control measures have proved highly effective. For instance:

- The overpayment error rate fell from almost 10 percent in 1981 to 8 percent today, for savings of over \$700 million;
- Food stamp issuance losses were cut by 70 percent between 1981 and 1986;
- The number of fraud investigations and hearings, the number of retailers disqualified for program violations, and the amount of recoveries of improperly issued benefits increased during the same period.

Along with management issues, the

1980s have witnessed a growing national consensus on how to help welfare recipients become self-sufficient. As a result, the Food Stamp Program was amended in 1985 to require states to establish employment and training programs for employable participants. All states now have functioning plans and submit quarterly reports on the number of people served.

These factors have contributed to slowing the growth in the cost of the Food Stamp Program and markedly improving the way the program operates.

School Lunches: A Sharper Focus

The National School Lunch Program (NSLP) is also strong and healthy. Every school day, an average of 24 million youngsters eat lunches subsidized by the federal government. In 1987, federal spending in support of school lunches totaled \$3.7 billion, 4 percent more than the previous fiscal year. Almost half of the lunches served were provided free or at reduced price to children from needy families.

At the same time, the child nutrition programs' share of FNS spending has declined from 28 percent in 1980 to 24 percent in 1987. This is due both to increased food distribution and to legislative action in 1981 that reduced benefits to non-needy children, while retaining benefits to children from low-income families.

There is evidence that the goal of targeting lunch subsidies to the most needy children is being achieved. On an average day in 1987, 48 percent of all participants in the NSLP received a free or reduced-price lunch compared to 45 percent in 1980. In addition, 85 percent of the federal cash and entitlement commodities provided in 1987 supported free and reduced-price meals, compared to 72 percent in 1980.

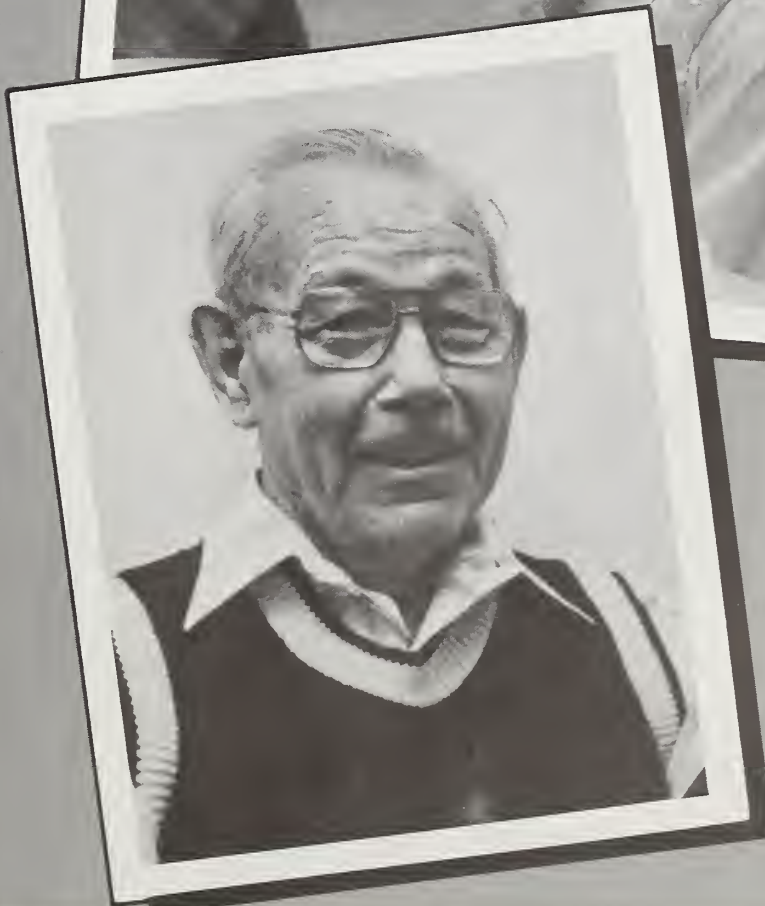
Initially, when support for school lunches served to higher income children was reduced, there were predictions that the lunch program would founder. But nothing of the sort has occurred.

Instead, after an initial decline from 26.6 million participants in 1980 to 22.9 million in 1982, daily participation in the school lunch program

✓ From 1980 to 1987, overall spending for the 13 food assistance programs went up 43 percent, from \$14.3 billion to \$20.5 billion annually.

✓ When adjusted for inflation, spending for food stamps rose 9 percent from 1980 to 1987—from \$10.8 billion to \$11.7 billion annually.

✓ Currently, about 19 million people participate in the Food Stamp Program each month. About 63 percent of food stamp recipients are children, or elderly or disabled adults.



✓ In 1987 federal spending in support of school lunches totaled \$3.7 billion. Every school day, an average of 24 million children eat lunches subsidized by the federal government.



rebounded to 24 million in 1987, because even paid lunches remained a bargain. Moreover, part of the original decrease actually stemmed from declining enrollments and the exclusion of certain high-tuition private schools.

As with the Food Stamp Program, FNS has taken a number of steps to increase program integrity. These include:

- An improved system of monitoring school lunch program operations;
- A requirement that local authorities verify a sample of school lunch and breakfast applications and, where program rules have been violated, make necessary changes in eligibility. This has reduced the error rate in the lunch program by almost half;
- Plans to strengthen procedures used by local schools and school districts to ensure the submission of accurate claims for meal reimbursements.

WIC: Disciplined Growth

A third major program, the Supplemental Food Program for Women, Infants, and Children (WIC), has not only remained strong, but has grown rapidly. Spending has more than doubled, from \$746 million in 1980 to \$1.7 billion in 1987. Participation has also doubled, with local agencies currently serving 3.4 million persons through 8,000 clinics.

Underlying this trend is concern over child poverty and infant mortality. WIC has served to direct food aid to persons most vulnerable to nutrition-related health risks. One out of four babies born this year will benefit from WIC.

WIC has grown faster than any other domestic feeding program since 1980. "We now have sufficient money appropriated to serve those persons who are known to benefit most from the program," says Bode.

A 1984 study confirms that WIC rules have been strikingly successful in targeting benefits by income level and nutritional risk.

For instance, coverage was greatest among women and children with the lowest incomes. Participants with incomes below the poverty level, those whose nutritional risk was medical rather than dietary only, were more

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likely to be served. Within this highest priority group, 72 percent of the pregnant women, and 88 percent of the infants were served.

To meet the administrative challenges of rapid growth, FNS has been working with state agencies to ensure that WIC dollars buy full value in food and services. Activities are focused on improving the performance of vendors, controlling administrative costs and expenditures, and improving caseload management and nutrition services.

In addition, program rules for portioning administrative funds offer incentives to states that serve high-

priority eligible persons and increase participation.

Food Distribution: Responding To Change

Finally, mention must be made of the Food Distribution Program, one of USDA's earliest food assistance efforts. Since 1980, the value of food donated to needy families, schools, charitable institutions, and the elderly has doubled.

In 1981, dairy price supports had resulted in millions of pounds of

cheese piling up in government warehouses. To help needy Americans and to avoid waste and storage costs, President Reagan authorized the temporary distribution of surplus food to needy households. This initiative was continued under the Temporary Emergency Food Assistance Program (TEFAP).

TEFAP has been highly successful in reducing costly inventories of surplus commodities by distributing more than 4.7 billion pounds of surplus food to needy households.

As its name implies, TEFAP was not intended to become a permanent part of USDA's commodity distribution activities. Unlike food distribution to schools, which is ongoing and has a dual goal of providing nutritious food to children and supporting American farmers, TEFAP is a direct and temporary response to unusual farm surpluses.

Bode points out that a rational policy aims to bring food production into line with demand, and that will inevitably reduce the food available to give away. "It would be inefficient to deliberately create surpluses for donation," he says.

Thus, while TEFAP is a valuable supplement to existing programs, food stamps remain the primary source of food help for families.

Continuing To Protect People In Need

As this discussion suggests, changes in our assistance programs reflect both changes in the economy and in federal policy. Recent policy has emphasized efficient management, restrained growth, and targeting of resources to need.

At the same time, Congress has exempted most of the food assistance programs from the automatic cuts mandated by the Gramm-Rudman-Hollings balanced budget act.

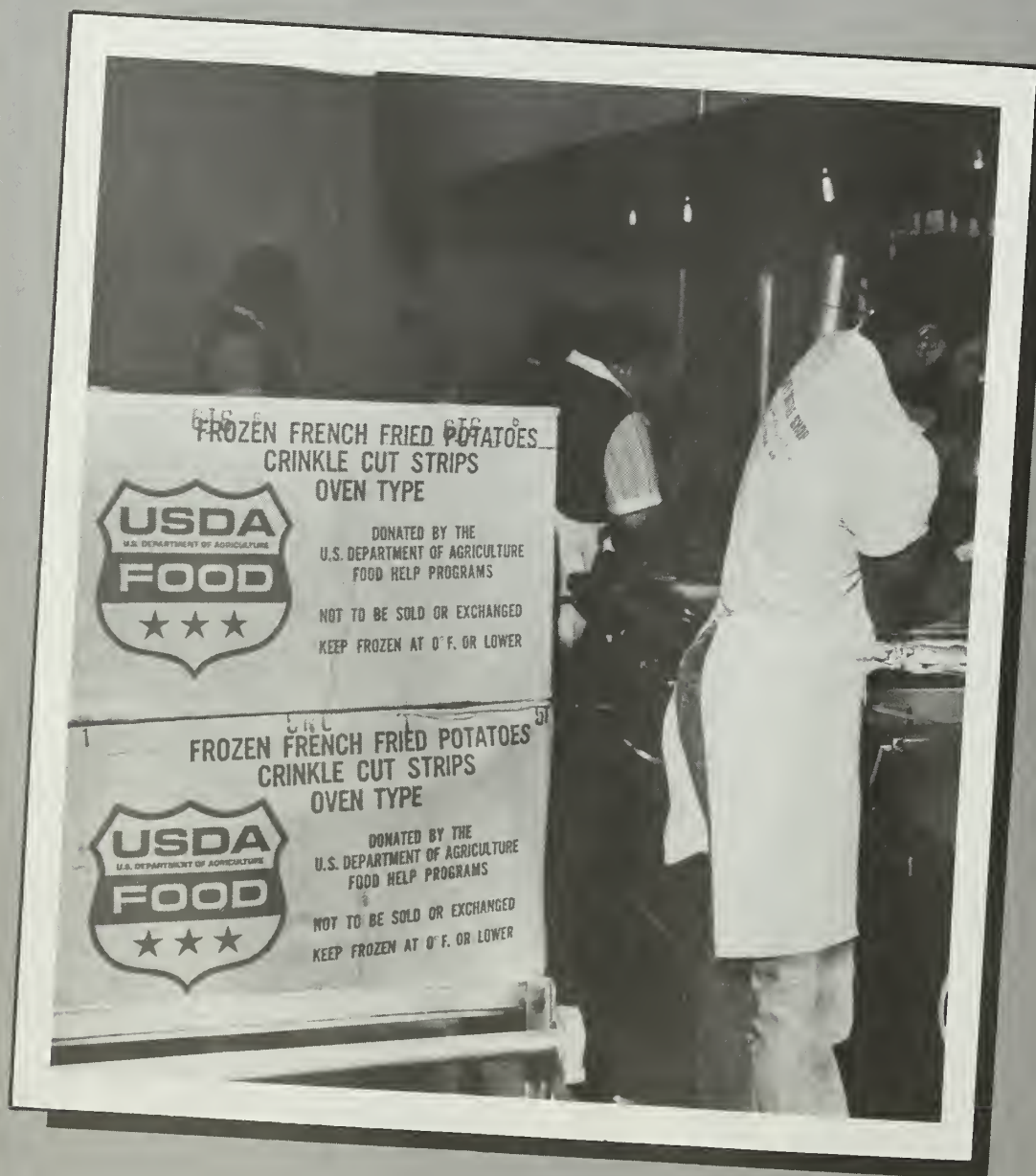
Food stamps remain available to all households and individuals who meet the eligibility standards. The full range of child nutrition programs—school lunch and breakfast, child care feeding, summer food service, commodity supplemental feeding, special milk, and WIC—are functioning well.

Throughout the changes in food assistance programs, they have remained a bulwark against hunger and poor nutrition.

article by Wini Scheffler

Food and Nutrition

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Food Stamps

Shadows From The Past

The Shape Of The Future

It's 1933, the days of the Great Depression. The country reels, struggling to recover from economic hardships unlike any it has seen.

In the cities, factories shut down. In the country, fields have dried to dust plains. Farmers' lands are blown away in black clouds carrying the best of the earth and the future with them. Jobs are lost. Homes are lost. People are lost.

But the country, and the country's people, are resilient. Communities organize to meet their neighbors' needs. The government steps in, working to match needs. And, on an unprecedented scale, the government begins buying surplus food from farmers and giving it to needy people.

Truckloads and trainloads criss-cross the country carrying food to hungry families. The new food distribution program provides vital help, but it also has problems. Many needy families walk 2 or 3 miles to food sites or wait hours for food trucks.

Americans search for a better way to meet the needs of the hungry. On May 19, 1938, Mabel McFiggin stands in Joseph Multolo's food store in Rochester, New York.

With a handful of coupons, she buys foods that the government has designated as surplus. With her coupons, she has a variety of foods to choose from, including butter, eggs, flour, cornmeal, fresh fruit, prunes, and dried beans. A better way of meeting America's food needs has been found.

Expanded and modernized since its early days, the Food Stamp Program is available nationwide. Here, a New Jersey woman visits her local food stamp office.

April 1988



Expanded program is still thriving

Today, more than 19 million people each month participate in the Food Stamp Program, which has grown and changed since its early days.

Now expanded to every county in the country, the program continues to help people through difficult times. And, today's food stamp shoppers, unlike Mabel McFiggin, can buy almost any food item with their coupons, since eligible foods are no longer limited to those in surplus.

In recent years, the program has continued to thrive. Its annual cost of \$11.7 billion in fiscal year 1987 represents a 41-percent increase from 1980 spending (or a 9-percent increase after adjusting for inflation). Reflecting a healthy economy and declining unemployment, food stamp participation is now trending downward from its all-time high of 22.6 million in March 1983.

Just as in the 1930's, Americans are still searching for better ways to meet the needs of their fellow Americans—ways that anticipate new technologies and the changing face of our society. In order to look at tomorrow's Food Stamp Program, we need to understand the program today. Who does it serve? Does it really help? Where do we go from here?

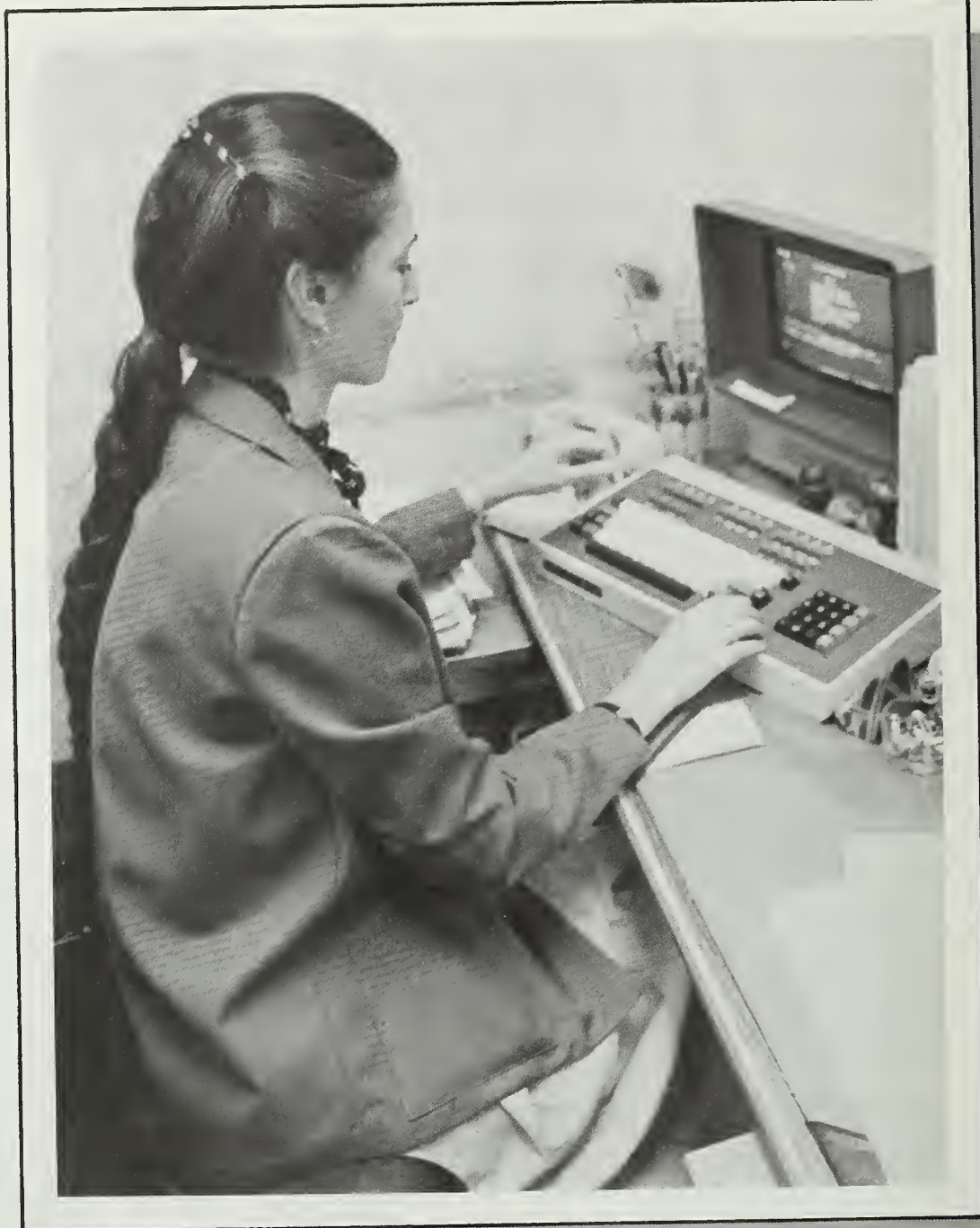
Food stamps succeed in reaching the needy

The Food Stamp Program, which first became available nationally in 1974, is one of the most well-known assistance programs in the country.

Statistics bear this out. Over the course of a year, nearly one in seven Americans will use food stamps during a time of economic hardship. Nearly 80 percent of the poor who may be eligible for the program turn to it for help. But while food stamps are widely available, many people have misconceptions about the program and the people who use it.

Contrary to popular belief, food stamp households tend to be small, predominantly white, and nearly one-fifth have earned income. A 1985 study conducted by the Department of Agriculture showed that:

- Fifty-eight percent of food stamp recipients are either children or the elderly;
- Over half of all food stamp households contain only one or two people;
- Forty-nine percent of households are white, 37 percent are black, and 11 percent are of Hispanic origin.



Computers have made it easier and faster to process food stamp applications and keep track of program information.

Electronic benefit transfer systems may eventually eliminate the need for the paper food coupons now used.

But does the Food Stamp Program really accomplish its goal of alleviating hunger? There is significant evidence that it does.

Food stamps improve participants' diets

Nutritionally, food stamps make a difference. The latest Nationwide Food Consumption Survey found that 47 percent of food stamp households meet the recommended dietary allowance for 11 nutrients—which is essentially the same percentage found in the general population and significantly higher than low-income households who don't participate in the program.

Compared to nonparticipants, the survey found that food stamp households consume more food and a wider variety of food, including meat, poultry, fish, eggs, grain products, citrus fruits, and dark green vegetables.

In addition, food stamps directly improve the financial status of families under the poverty line. When the value of food stamp benefits is counted as income, the proportion of households with incomes below half the poverty line was reduced by two-thirds.

Since 1983, USDA has been working on a national nutrition education project designed to help food stamp recipients stretch their food buying

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dollars and improve their nutrition knowledge.

Through the project, millions of copies of nutrition publications in both Spanish and English have been distributed to food stamp offices throughout the country. In addition, USDA has sponsored seminars and conferences to help local and state food stamp employees improve their nutrition knowledge so they, in turn, can teach food stamp recipients.

In 1988, USDA is moving its nutrition education commitment to food stamp recipients one step further. This year, the Department is working with the Ad Council and a major advertising agency in developing a national educational effort focusing on the relationship between food and health.

USDA will be promoting food and health messages through radio and television spots, newspaper ads, and bus posters. Among other things, the campaign will be designed to encourage food stamp recipients to seek information that will help them improve their eating and buying habits.

Looking toward the future

What's the shape of the Food Stamp Program of the future? As we look in one direction, high technology bursts on the scene.

Computers are already changing the way government agencies certify applicants and keep track of program information. In coming years, they may also change the way participants use their food stamp benefits. While Mabel McFiggin exchanged food coupons for commodities in 1938, in 1998 food stamp recipients may be using electronic benefit transfer systems to buy food.

Since 1984, a special project has been running in Reading, Pennsylvania. Under this project, food stamp recipients are provided an electronic benefits transfer card. When they buy their groceries, they present the card to the cashier, who runs it through a special terminal.

The terminal is connected by telephone to a central computer, which debits the recipient's food stamp account. The terminal then prints a receipt for the shopper for the purchase and provides the amount of the balance left in the food stamp account.

The system is popular with both recipients and retailers and is providing valuable data as we assess the future of food stamp delivery systems.

Advantages of the system include no need for printed coupons (we now print 2 billion a year) and a greater potential for accountability and security of benefits for recipients.

Last fall, USDA took another step toward implementing innovative benefit delivery systems. The Department invited proposals for pilot projects which would electronically transfer benefits. States and cities invited to submit proposals by this coming July include: Los Angeles, Arizona, Colorado, Minnesota, New Jersey, New Mexico, Pennsylvania, Washington, and Wisconsin.

Other directions are also possible

There are other directions in which the Food Stamp Program may move in the future. One of the most interesting in its simplicity is termed "cash-out." Under cash-out, food stamp benefits are converted into cash assistance which is provided to needy people without the complications of coupons or other delivery systems.

Under the Food Stamp Act, USDA has broad waiver authority to allow states to test innovative ways of improving the Food Stamp Program. Additional impetus has been provided

by recent welfare reform initiatives generated by the White House and the establishment of the Low-Income Opportunity Board, which was set up to coordinate and assist the development of local and state projects.

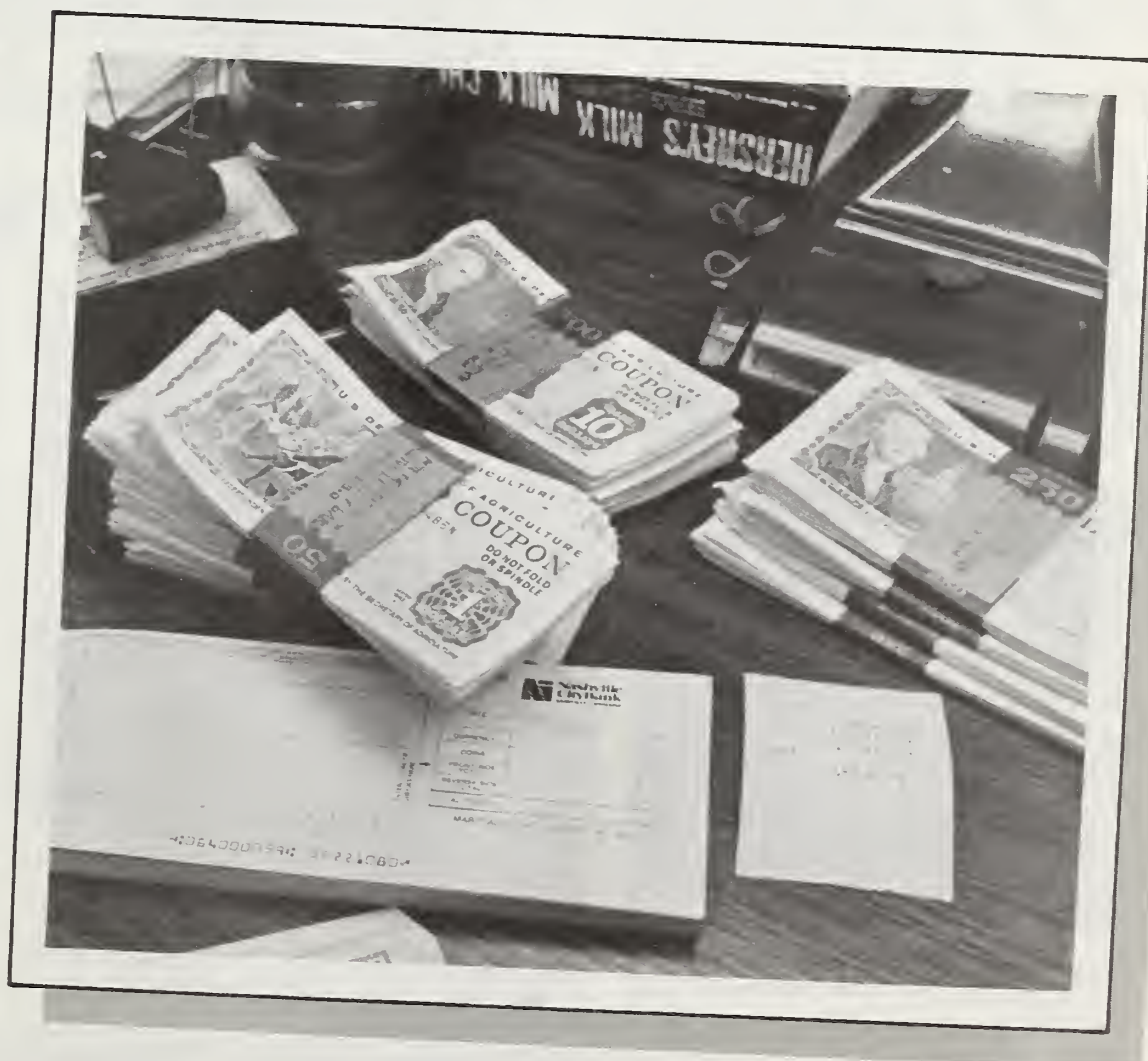
Addressing a convention of food retailers this past January, Food and Nutrition Service Administrator Anna Kondratas outlined both the electronic benefit transfer system and cash-out as options for the future of the Food Stamp Program.

Calling cash-out "an alternative route to greater program simplicity and integrity," Kondratas noted that the concept has many adherents among welfare reformers.

"As we prepare for the future of federal food programs, we have multiple responsibilities," Kondratas said. "We have a responsibility to the needy to provide adequate nutrition, a responsibility to the taxpayers to use their money to its greatest benefit, and a responsibility to promoting self-sufficiency among the poor and providing a ladder out of poverty.

"It will be interesting to see which welfare reform direction will withstand the test of time."

article by Dianne Durant



School Lunch In New York City

Setting Trends In Feeding Children

New York City! The Big Apple! A city of superlatives: high finance, high buildings, high fashion, and the nation's largest school food services program—bigger than Chicago, Houston, Baltimore, and San Diego combined.

How big is big?

- Last year, New York schools served more than 99 million lunches and nearly 22 million breakfasts through the National School Lunch and School Breakfast Programs.

- They received more than \$137.5 million in federal cash subsidies and \$15.4 million in federally donated food.

- Many of the city's 1,200 schools serve more than 2,000 meals a day, most of them—approximately 90 percent—to needy children who get them free or at a reduced price.

But numbers tell only a small part of the story. A visit to New York City schools at lunchtime is a chance to see one of the country's most dynamic and innovative school food service programs in action.

Winning customers from the competition

At I.S. (intermediate school) 383 in Brooklyn, cafeteria manager Betty

Jean Dunn moves around the kitchen checking meals and giving directions while pans of meatballs and pots of collard greens simmer on the big gas stoves.

"We have a lot of competition in this area," she says, taking a break from her cooking chores.

"There's a big Burger King down the street and pizza places all over. We try hard to provide our kids a variety of foods they like—pizza, meatball subs, Bushwick burgers." Ham-burgers, at I.S. 383, are named after the section of town where the school is located.





New York school food services staff are proud of the first-rate meals they serve. Last year, city schools served more than 99 million lunches and nearly 22 million breakfasts.

Specialty items and ethnic foods are one reason why school lunch participation increased by approximately 5,000 meals a day between 1985 and 1986. Last year, New York school food services ordered 6 million portions of french bread pizzas, 9 million pre-cooked fish portions, 7 million hamburgers, and more than 5 million Jamaican Turnovers.

"We originally ordered the turnover, a spiced beef patty in a pastry shell, for a specific ethnic community," procurement director Bruce Hoffman explains, "but it's found wider acceptance than we anticipated."

New York schools are trend setters

Given New York's history in such matters, it may not be too long before

you'll find Jamaican Turnovers at your local fast food restaurant. Many of the innovations developed in New York have had a wider impact on both vendors and customers in the industry.

"A number of years ago, we decided that, as much as possible, we would eliminate nonessential additives from the meals we serve," says Beverly Greenburg, director of food technology.

"For example, cold cereal sold in the supermarket has BHA, a preservative, in the packaging for longer shelf life. We worked with Kelloggs on their self-service packages of cereal we use, to take the BHA out for us. We've found that when the producers see we

mean business, they adjust."

New York school food services sets its own standards for ingredients and additives in the food it purchases.

"We've found that many times we're way ahead of the industry," Greenburg notes. "For example, we pioneered canned fruit in natural juice or light syrup as opposed to heavy syrup."

"We developed a fruit cocktail, actually a fruit mix, without the cherries. We wanted to avoid the red dye problem. A few years ago, we eliminated palm and coconut oil because they are high in saturated fat. Industry is just catching up with us on that one."

Helping kids during and after school

Matching innovations in food standards are efforts to meet children's needs through extra services.

P.S. 31 on the Grand Concourse in the Bronx is an older building with high peaked roofs. It's listed as an historic landmark. Kids, tired after a long day of school, books and knapsacks in hand, are getting ready to head home for the day. Some of them will stay at school, however.

As a cafeteria worker sets out napkins and containers of juice on a long white table, the aroma of freshly baked corn muffins drifts out from the kitchen.

"This is a special school for bright students," says Irene Kirnan, food service manager, who is barely audible over the scuffle of children lining up for the bus. "Children have to take a special test to qualify to come here. They come from all over the city. Many of them take part in the Latch Key program."

Latch Key is a relatively new addition to the services New York City schools have for children. Offering a variety of activities—ranging from arts and crafts to supervised homework sessions—Latch Key is a response to the growing number of children who have no one at home to care for them at the end of the school day.

"Latch Key is designed to help those kids in single parent households or households where both parents are working," Beth MacDonald, Latch Key program supervisor, explains. "We try to be flexible with our program to meet the needs of our students."

Snacks, and in some instances suppers, are provided to children through USDA's Child Care Food Program.

"We originally piloted the Latch Key snack program 3 years ago in one school district in each borough. Based on our success, we went into the supper program. At this point, we're serving approximately 100,000 snacks a month at 89 locations and approximately 35,000 suppers at 25 locations. Now, we're exploring a way to provide supper for homeless children," says MacDonald.

Latch Key is targeted to the city's neediest children. "Districts that participate are poverty level," says MacDonald. "We won't go into a district if the income bracket is high."

Extra care given to special needs

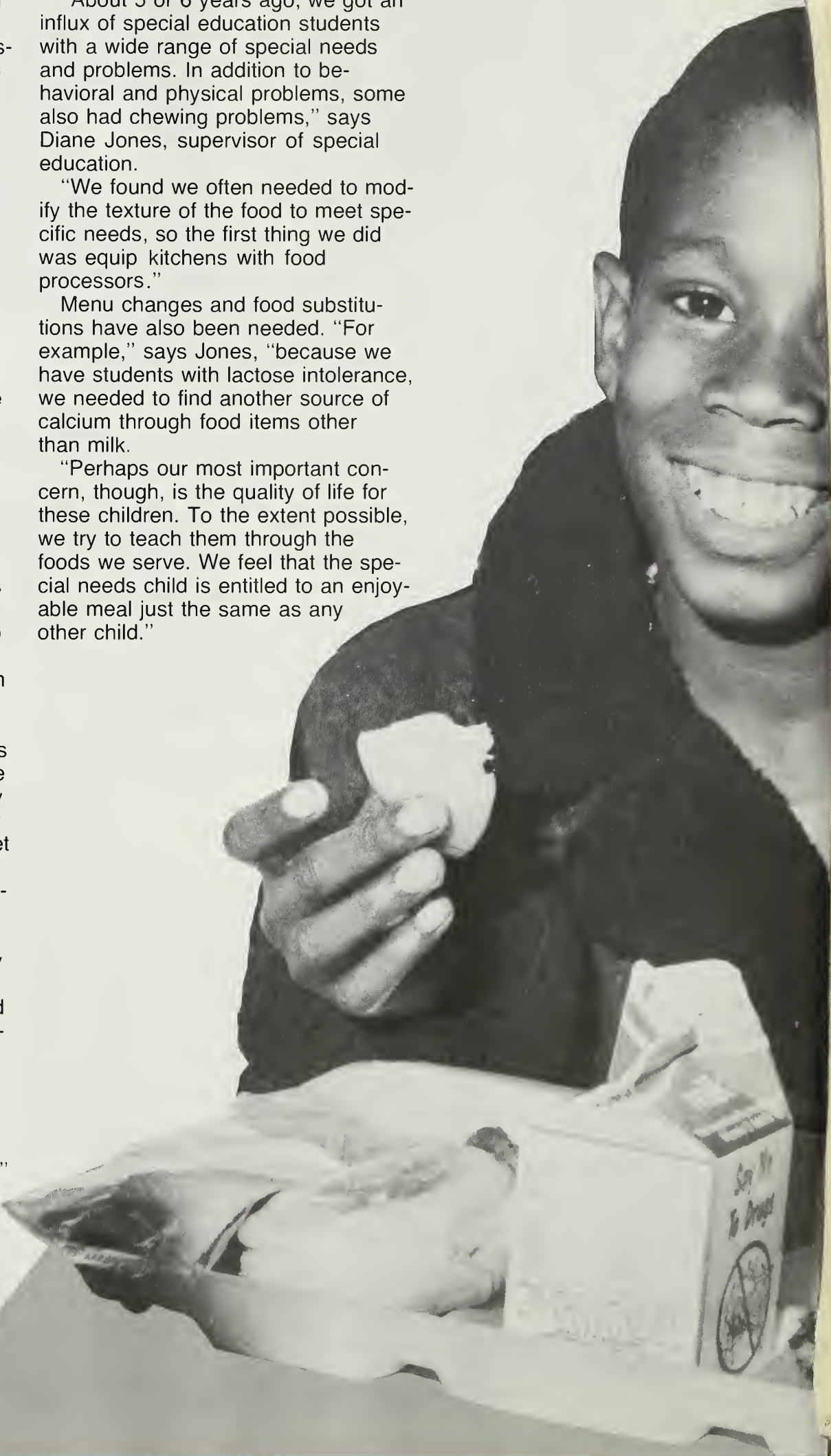
Special needs children also present a unique challenge for school food services.

"About 5 or 6 years ago, we got an influx of special education students with a wide range of special needs and problems. In addition to behavioral and physical problems, some also had chewing problems," says Diane Jones, supervisor of special education.

"We found we often needed to modify the texture of the food to meet specific needs, so the first thing we did was equip kitchens with food processors."

Menu changes and food substitutions have also been needed. "For example," says Jones, "because we have students with lactose intolerance, we needed to find another source of calcium through food items other than milk."

"Perhaps our most important concern, though, is the quality of life for these children. To the extent possible, we try to teach them through the foods we serve. We feel that the special needs child is entitled to an enjoyable meal just the same as any other child."



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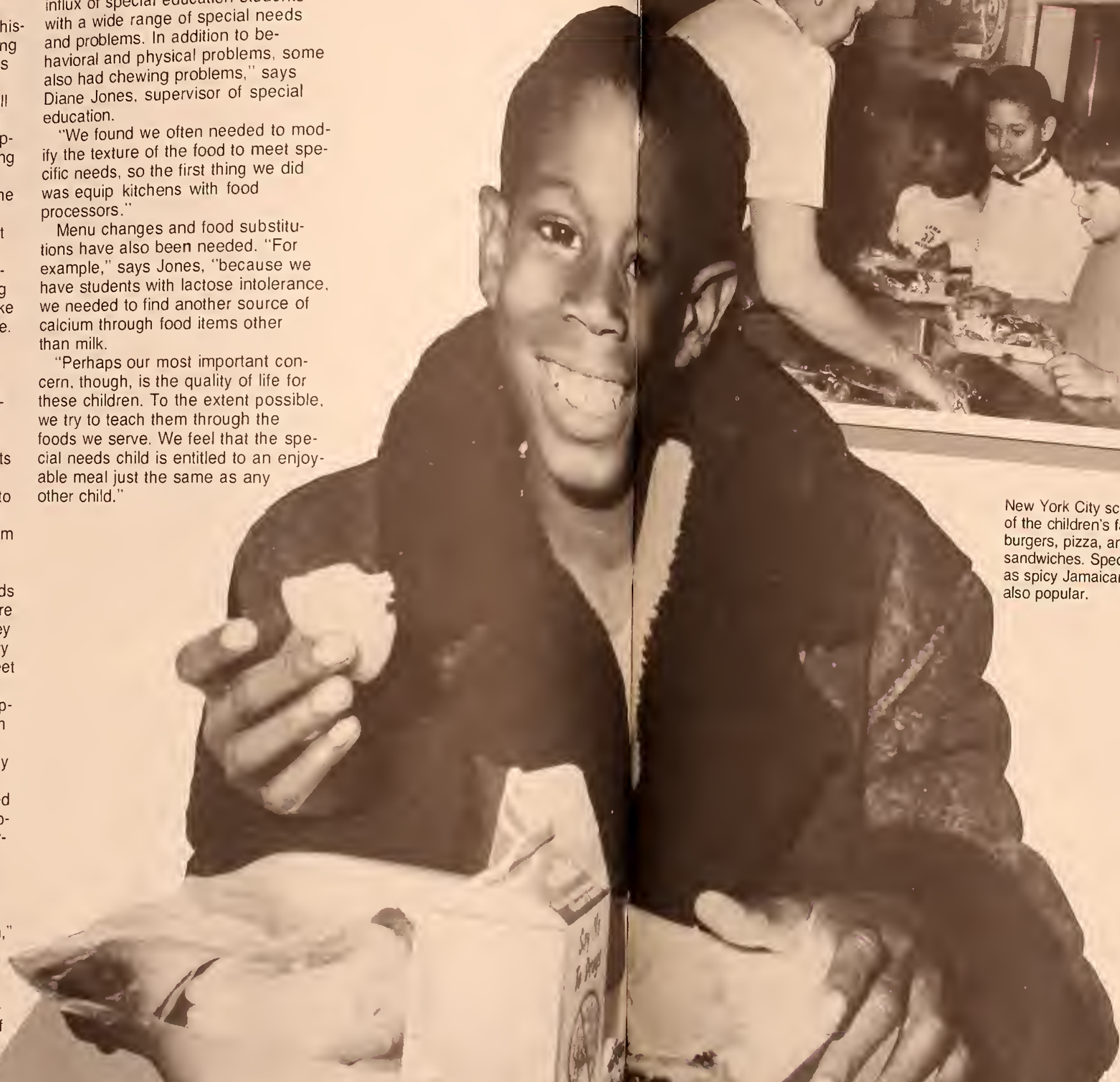
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New York City schools serve many of the children's favorites, like hamburgers, pizza, and submarine sandwiches. Specialty items, such as spicy Jamaican Turnovers, are also popular.

Concern for students central to program

Concern for children's needs and likes is central to New York City's school food service program and a big reason for its popularity. Schools learn about student preferences in a variety of ways, including a high school elective course, called Marketing Inc., which involves students in school food service and gives them valuable experience at the same time.

According to Mary Ellen McGarry, special projects coordinator, "Marketing Inc. allows students to learn important marketing skills in the classroom that can be used directly in their own cafeterias."

"Each student gets hands-on experience in areas such as menu planning, inventory, pricing, advertising, and sales. We've developed an entire curriculum package, including texts and workbooks, as well as Marketing Inc. posters and brochures to recruit the students."

"Any student who successfully completes the course and graduates from high school is offered a job with us. Approximately 15 of our students currently work for school food services and will be transferred into the field as school lunch helpers," McGarry says.

"The course has been a tremendous success. Last year it was piloted in 22 high schools. This year we're adding about 10 new schools to that list."

A recent *New York Times* editorial cited Marketing Inc. in a long list of the Office of School Food and Nutrition Services achievements. School food services administrator Kevin Gill received high praise in the editorial, which called Marketing Inc. a "contribution to students' health, education, and welfare."

New York City may be known as a tough place to make it, but the city's school food service department is working hard to make a difference.

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article by Lonnie Pidel
photos by Patricia O'Reilly

WIC Works Wonders

Special Food And Care Help Washington, D.C. Children Thrive

Harold McKnight weighed only 1 pound, 14 ounces at birth. He had one underdeveloped lung and one that was not developed.

"When Harold was born, he needed all the help he could have," says his mother, Yvonne McKnight. "WIC took a load off my mind because it provided all the nutritional help he needed."

Joh'taya Thompson was 1 pound, 10 ounces at birth. "She was so small. She was in the hospital for 4 months," says her mother, Tawanna Thompson. Joh'taya had jaundice, water on the brain, lung disease, and needed blood transfusions. She was on a ventilator for 35 days.

"It was 2 months before I could hold her. Then just 5 minutes at a time," Thompson remembers. Once Joh'taya came home, she was placed on the WIC program at Columbia Hospital.

Special help gives infants a chance

Joh'taya and Harold are two lucky survivors, helped in their early weeks by wonderful hospital care and later by the Washington, D.C. WIC program.

WIC was introduced to the District of Columbia in June, 1981, combining nutrition counseling with the added nutrition that babies and pregnant and breastfeeding mothers need and get through the program.

Over the past 6 years, the WIC program has expanded to 13 locations around the District. The program now serves 11,300 high-risk women, infants, and children per month. During the past 5 years, WIC has provided benefits to more than 39,830 participants, among them 13,764 pregnant women and 18,561 infants.

In some instances, such as at D.C. General where Harold was born, WIC



Yvonne McKnight says WIC has made a big difference for her son Harold, who is now an energetic 3-year-old.

programs are located in hospitals and, to varying degrees, are integrated with other hospital services. This enables WIC staff to make sure newborns who need the program can be enrolled soon after birth.

Joh'taya grows stronger with WIC

Tawanna Thompson, Joh'taya's mother, first found out about WIC when her first daughter, Curbreia, was a young child. She came back to WIC when she was pregnant with Joh'taya. Like Curbreia, Joh'taya was born in Thompson's sixth month of pregnancy.

Food and Nutrition

"WIC helped a lot," Thompson says, "especially in the beginning. When Jo could finally take a bottle, she needed Prosobee formula because she had lactose intolerance. It was expensive, but with WIC, she was able to get it."

Joh'taya went from the fifth to the twenty-fifth percentile of height for weight in her first 9 months on WIC. Today, Joh'taya is a perky, bouncy, ever-curious 4-year-old.

Like all WIC participants in the District, she goes to the clinic every 2 months. During these visits, her mother gets nutrition information and a new supply of WIC food vouchers, which she uses to purchase specified food items for Joh'taya at a local authorized grocery store.

Every 6 months, Joh'taya gets recertified for the program. At that time, she has a blood sample taken, gets weighed and measured, and has nutrition counseling.

Harold McKnight is also thriving

Harold McKnight is now a bespectacled 3-year-old ball of energy. Because he has a detached retina and is legally blind in one eye, he must wear thick glasses. Fortunately, he doesn't mind.

Harold has had occupational and physical therapy two times a week at D.C. General Hospital since he was 6 months old. He has been on the WIC program at D.C. General since he was 3½ months old.

His mother, Yvonne, lively and well-spoken, has been a diabetic since 1982. She was a WIC participant when she was pregnant with Harold.

Among his many health problems, Harold is allergic to a number of foods. "The WIC people help us a lot," McKnight says. "They let us compensate for what Harold can't eat."

Harold gets a variety of foods, including milk, cheese, fruit juice, iron-fortified cereal, and peanut butter, dry beans or dry peas.

Harold is a picky eater, his mother says. But he loves his vegetables. He loves raisins and peanut butter, too. "I'm a junk food junky, but I'm determined not to ruin Harold, like I ruined myself," the former special education teacher explains.

When the McKnights go to the clinic, they get a variety of pamphlets, newsletters, recipes, and even puzzles with helpful nutrition information.

Yvonne says she's glad to be learn-



Joh'taya Thompson, who weighed less than 2 pounds at birth, is another Washington, D.C., WIC success story.

ing more about food and health. "I want to be sure I'm doing what I'm supposed to do," she says.

WIC coordinator is pleased with results

Alice Lockett is the enthusiastic and

dedicated WIC coordinator at D.C. General Hospital. She has known and cared about Harold from birth. "I can't believe how lively Harold is now. When he was born, he was so helpless," Lockett says.

Lockett has run D.C. General's WIC

program since it began. "We are making a tremendous difference in the nutritional status of moms and babies," she boasts.

"Harold, for instance, has been in therapy since he was an infant. He's come through a lot. We keep up with him. It's important for a community with a high infant mortality rate to see the good we do. It is rewarding."

Lockett's dedication pays off. In 1986, WIC was "Unit of the Year" at D.C. General and runner-up for all hospital units in the District.

As Lockett explains, D.C. General's WIC program is completely integrated into the hospital. D.C. General pays part of the salaries, and WIC pays part; nutritionists and dietitians take care of hospital patients as well as WIC participants.

WIC is part of the Maternal and Child Nutrition Department, which includes in- and out-patient obstetrics and pediatrics. Because of this special arrangement, WIC gets many in-kind contributions from the hospital, like office space, phone lines, and even blood tests.

An advantage for WIC staff is full hospital employee benefits. For WIC participants, advantages include opportunities to use other special clinics D.C. General has to offer, including one for substance abuse and one for premature babies.

Lockett, who is on the health advisory board for the March of Dimes, has made special efforts to maximize services available to pregnant women and new mothers. For example, she currently has a grant to hire a social worker specializing in substance abuse.

She also has arranged to have a "breastfeeding peer counselor" on her staff. The counselor, a WIC mother, works 66 hours a month with new mothers. She is paid out of the hospital budget and works both in the clinics and on the maternity floor.

Counseling and food make a difference

One mother who has been helped to breastfeed is Cynthia Dawkins. She is quiet, shy, soft-spoken, and petite. Her oldest children are 11 and 10 years old. Her twins, Jamar and Omar, are 18-months old, and her youngest, Michael, is 3 months.

Dawkins came to WIC when she was 19 weeks pregnant with the twins. "I was coming to see the midwife at D.C. General for prenatal visits," she says. "She suggested WIC because I



Cynthia Dawkins was anemic when she came to WIC, 19 weeks pregnant with her twins. Through WIC, she got the food

and guidance she needed to improve her health.

was carrying twins and she figured I needed the extra nutrition."

Dawkins was anemic and had poor weight gain when she joined WIC. Through the program, she received the food she needed to improve her health and learned what she should eat to supply the twins with enough nutrients. The twins were born full-term at 6 pounds, 7 ounces and 5 pounds, 1 ounce.

Dawkins successfully breastfed the twins, and did the same with Michael, born a year and a half later. Michael was a healthy 7 pounds, 10 ounces at birth.

"I love WIC," says Dawkins. "I would give WIC an A+. Without it, I don't know how I could make it."

WIC program gets results

D.C. WIC managers work hard to reach high-risk mothers and babies. Among other efforts, they have a special WIC hotline and general information phone number people can call to inquire about the program. They also have a special breastfeeding number they make public.

Statistics show they're getting results. For example, they've made progress in reducing the incidence of low birthweight among area infants. Based on data from the Center for Disease Control nutrition surveillance system, 8.5 percent of WIC mothers had low birthweight babies in 1985,

compared to 13.2 percent of all women in the District.

This data is particularly significant when you consider that most pregnant women enrolled in WIC, like Cynthia Dawkins, Yvonne McKnight, and Tawanna Thompson, are at high risk.

In the District of Columbia, WIC works wonders.

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*article by Linda Feldman
photos by Larry Rana*

Georgia Succeeds In Reaching High-Risk Mothers And Infants

Georgia's WIC program recently received three awards from USDA for its quality of service, efficient low-cost operation, and success in reaching high-risk participants. Without adding staff or funds, the state has expanded its WIC caseload and made it more convenient for mothers and children to get the care they need.

"We are serving more high-risk pregnant women and infants than ever before," says Georgia's WIC program director Doreleena Sammons, "and we've kept our administrative costs low. In fact, we have one of the lowest administrative costs per participant of any state in the Southeast region."

Between September 1984 and March 1987, the number of high-risk mothers and infants enrolled in WIC went up 47 percent in Georgia—from 39,149 to 57,829. During the same time, statewide participation went from 103,000 to 130,000.

Georgia's monthly administrative costs are \$7.45 per participant, more than 90 cents less than some other Southeast states.

"Our program is efficient," says

Sammons, "because WIC services are integrated with other health department services, and we have terrific local staff."

"We're pretty proud of having integrated WIC and other health services. That was part of our Department of Human Resources operational plan for 1987."

East Central is one example

A good example of integrated service is that offered by the East Central Health District. The district encompasses 13 counties in which 23 WIC clinics are located.

The district's WIC program serves between 8,500 and 9,600 participants



The WIC program at Atlanta's Grady Memorial Hospital, which recently won an award from USDA, does an excellent job of enrolling newborn infants who need WIC services within a few days after they are born.

a month. Patients in the three highest risk categories make up almost 90 percent of the caseload.

Making WIC accessible to the women and children who need it most is a priority in the district, and the integrated services approach helps in several ways.

"We try to be flexible in serving WIC participants," says Irene Frei, WIC program coordinator for the district. "A person may come to a health department clinic on a day when certain services are scheduled, such as immunizations or WIC recertifications, and need other services as well.

"We try to provide any service the patient needs to eliminate the need for a second trip. For example, if a patient tests positive for pregnancy, we will also assess her eligibility for WIC. If her children are with her, they can receive any immunizations due. That's 'any service, any time,' or one-stop service, as we sometimes call it."

Offering any service, any time means the staff must be cross-trained. Health department clerks and WIC clerks must be able to perform each others' duties in a pinch.

"We don't want to keep a participant waiting or schedule her for a second appointment just because the only person who can perform a certain

function is not available that day. It wouldn't be fair, and that participant might not return for the second visit," Frei points out.

To offer one-stop service, nurses must be trained across the board. They must be able to provide all types of service, including WIC-related services. To achieve this, the district's nutrition consultant, Vicki Jones, has many inservice programs on WIC assessment, certification, and nutrition education counseling.

Clinics gradually added services

"One-stop service didn't happen overnight," says Linda Johnson, district director of nursing. "We had WIC clinics and gradually began offering WIC services in prenatal and baby clinics.

"Outside the city of Augusta, this district is so rural that people need to be able to get all the services they require whenever they can come. Of course, some services—like a complete physical or a referral to a specialist—require an appointment. We're not a walk-in operation, but we do try to offer what we can while they're here.

"We have a combined patient health record for each health department patient. This helps with tracking."

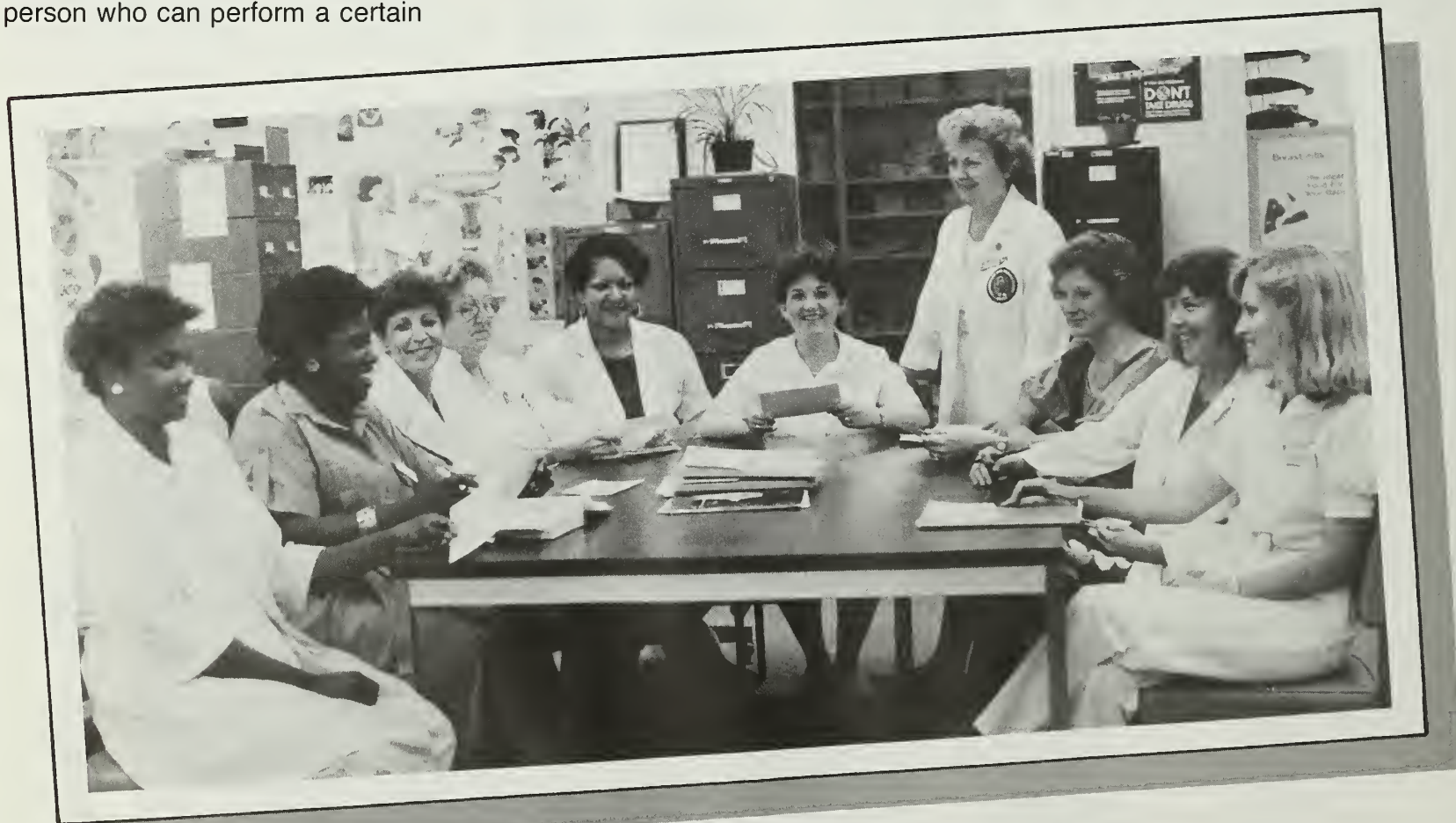
One-stop service has many benefits for staff and participants.

"It makes work easier," says Frei. "Paperwork is handled one time instead of repeatedly. It does take longer to train new staff, but it's definitely worth the time."

Another benefit is reduced waiting time. The Martinez clinic, in Columbia County, was open only a few days a week until recently, and only certain services were offered on specific days. Now it is open every day and, while nurses continue to see patients on an appointment basis for particular services, WIC services are always available.

This means, for example, that a mother who has an appointment to receive family planning services can pick up her WIC vouchers at the same time. This has almost completely eliminated waiting.

"Participants know that if they arrive on time for their appointments, they're in and out very quickly. This improves the compliance rate, and participants love not having to wait," says Rebecca Smith, nurse supervisor for



Careful coordination among health staff is important in reaching women and infants who are at risk. Pictured here is a daily morning conference at the Medical College of Georgia WIC clinic.

the three Columbia County clinics.

Betty Decker, a registered nurse at the Martinez clinic, is also enthusiastic about the one-stop service.

"We now have more time," she says, "to spend with patients and give them those extra services and information they might not receive in private physicians' offices. They're in a better mood, too, because they don't have to wait if they're on time for their appointments."

"That means they're more likely to come in before they reach a health crisis, and prevention is the name of the game."

Agencies work closely together

District staff make special efforts to reach women early in their pregnancies and infants soon after birth. Careful coordination among health agencies makes this possible.

Diane Buchter coordinates the district's maternal and infant care project, the family planning program, and the newly funded pre-maturity prevention program.

If a patient contacts the health department for referral to an obstetrician, she is referred to one of the maternal and infant (M & I) clinics. If she's already been assessed for WIC at her local clinic, she can continue to pick up her vouchers at the local clinic or at the M & I clinic.

"We like WIC recipients to get their vouchers at the M & I clinic," Buchter says, "because then they're sure to come in and get the prenatal care they need."

WIC services are provided to qualifying women as part of the prenatal care given by the health department. Low-risk pregnant women receive prenatal care at their local health agencies. High-risk women are seen at hospitals. To help women who live beyond Augusta's public transit system, the staff has worked out some limited transportation to health agencies and hospitals.

Buchter and other district staff members are hopeful their efforts will help lower the infant mortality rate.

"Working with prenatal patients helps," says Buchter. "We're trying to zero in on preventable factors which may contribute to infant mortality. We've had 90 patients in the past 3 months enrolled in the prematurity prevention program. We're also matching birth and death certificates to look for possible correlations."

April 1988



Georgia is serving more high-risk infants than ever before. Integrating WIC and other health services makes this possible.

Other safeguards are also helpful

Working with area hospitals, district staff have also found ways to get WIC benefits to eligible mothers and infants within days after babies are born.

The county nurse receives information on all hospital births, and the health department is automatically notified if an infant has some special problem, like sickle cell trait, so follow-up can be provided.

All new mothers on WIC are contacted before they leave the hospital. They are given WIC vouchers for themselves and their babies, along with information on breastfeeding, infant nutrition, and general care. At that time, they're also scheduled for their next appointments.

If, for some reason, the new mother doesn't receive her vouchers before leaving the hospital, she'll be contacted within 10 days of the birth to be sure she and the baby continue on the program.

"Making sure no one slips through the cracks is a strong concern on the part of all staff," says Vicki Jones.

"For instance, we now have 1-year

WIC certification of infants, but we do ask to see the infants when they're about 6 months old to be certain the babies are receiving total infant care as well as WIC benefits. The WIC staff work together with other health department staff to watch the babies' progress. Total integration of services makes this possible."

Staff support is most important

In integrating WIC with other health services, having good staff support is essential, says Irene Frei.

"We have intelligent employees who care enough to work hard and do what's needed, not just what's in their job descriptions," she says.

"The hardest part of total integration of services for staff is knowing all the different program requirements and regulations. We have monthly and quarterly meetings in all staff sections, and we ask for input and try to use it. We also have quarterly district meetings where each department can share information on changes and developments.

"We preach about integration of services and we try to set an example here in the district office," adds Diane Buchter. "Each county in the district has certain needs based on staffing."

"We serve as resources for them and work together to provide integrated assistance from this level. We have good communication throughout the district."

The East Central Health District's WIC program is an example of what good results can be achieved when management and staff work together toward a common goal: to serve as many people as possible with the best possible care.

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*article by Catherine Rogers
photos by Catherine Rogers and
Diana Swindel*

Food Distribution In South Dakota

A Finely Tuned System Gets USDA Food To The People Who Need It

"Service" and "accountability" are key words for government managers in the 1980's. But how successfully are the two combined? Very successfully, if you're talking about food distribution in South Dakota.

South Dakota's finely tuned system is a good example of how far some states have come in recent years in streamlining and modernizing their food distribution programs.

State's size presents special challenges

State managers have done a good job of tailoring their commodity effort to the needs of the people they serve, while dealing with some special challenges.

For instance, although South Dakota's population is small, ranking forty-fifth in the nation, the state is sixteenth in land area, measuring 240 miles north to south and 360 miles east to west.

To make it easier to coordinate food distribution across such a vast area and to maximize efficiency in other ways, state managers have consolidated responsibility for food distribution in one agency—the State Department of Education and Cultural Affairs.

DECA's Division of Education orders food, arranges shipment to recipient agencies and sites, and contracts for storage for all South Dakota commodity programs.

It provides this service for schools, hospitals, nursing homes, halfway houses, prison rehabilitation units, senior citizens groups, summer camps, child care homes and centers, congregate feeding sites, TEFAP (Temporary Emergency Food Assistance Program) sites, summer food programs, the Commodity Supplemen-

tal Food Program, and food distribution programs on six Indian reservations.

"Our pride is that our system is a dual one of service to recipients and accountability for the product," says commodity supervisor Mel Feuerstein. "We know where and when everything is shipped."

Feuerstein's boss, Carol Axtman, director of Child and Adult Nutrition Services, says the consolidation of commodity functions has been worthwhile for several reasons. For one thing, it's cost-effective from a management standpoint—it takes fewer people and avoids excessive inter-agency communication.

She also thinks having a single distributing agency for all the state's programs saves on storage and distribution costs. "You have the advantage of negotiating large quantity contracts," she says.

System gets food to remote areas

Axtman and Feuerstein have been the lead team in South Dakota's commodity effort for nearly 6 years. Axtman says they are pleased to be able to "add nutrition to people's lives that many otherwise would not have."

Schools throughout the state use USDA-donated foods in preparing meals for school children. "Small schools especially," says Axtman, "rely heavily on donated foods."

The wide variety of foods South Dakota schools get from USDA—valued at more than \$3.4 million last year—helps them save substantially on food costs. This is especially significant for schools in isolated areas, where food costs are generally higher than in other areas.

The state's food distribution program on Indian reservations is also effective in serving remote areas. The program is a large one, providing nearly \$5 million worth of food last year to nearly 12,000 recipients. Many of the people who get donated foods live in isolated areas not served by nearby grocery stores.

DECA staff work closely with tribal officials to make sure the program reflects the needs and preferences of the tribe. One of several techniques developed to make the program accessible is what's called the "tailgate delivery method." USDA commodity food packages are delivered from the tailgate of trucks to people who otherwise might not be able to participate.

Storage and distribution are carefully planned

Axtman says the operation has run smoothly the last 6 years. Contributing factors to that success include the longevity of staff, a good communications network, and implementation of inventory techniques to keep the agency from making ordering mistakes. "If something goes wrong," she says, "we know about it before it becomes a problem."

Feuerstein contracts for warehousing in three areas of South Dakota. The largest warehouse in Sioux Falls stores 10 million pounds of food annually and serves all of the state's schools and many of the other program sites as well, including four reservations. Another warehouse in Aberdeen serves TEFAP sites in the state's northeastern quadrant, and a Rapid City facility serves western TEFAP sites and the other two reservations.

The ordering system is designed to

give recipient agencies as much flexibility as possible. Feuerstein orders commodities for reservations on a quarterly basis to avoid running short and schedules shipments monthly to maintain as much variety as possible. He offers schools various shipping periods to aid holding their storage costs down.

"In South Dakota," he says, "we have an offer-and-acceptance system. We send out monthly order blanks to each agency listing what's available. They accept what they can use. We can let them know the week of delivery and—based on past history—they usually know what day to expect it."

Inventories stay current and balanced

Not only does the South Dakota system function like clockwork, it's also calendar-correct. Feuerstein

adheres to three dates each month. All order forms must be sent out by the 5th. They're due back from recipient agencies by the 15th, and manifests are due in the warehouse on the 25th.

Feuerstein verifies short- and long-term shipping schedules to keep inventory in balance and uses the previous year's orders as a guide when ordering. Semiannually, he takes inventory of recipient agencies' stocks. Only three times in the 6 years he's been there has he had to allocate to schools any hard-to-get-rid-of items, thanks to this efficient management system.

South Dakota may be rural, but it's "uptown" in its procedures. Since last August, the commodity program has been "on-line" with what Feuerstein calls its "home-grown" mainframe computer. The system tracks com-

modities from ordering through distribution to recipient agencies. Ultimately, it will also produce the required reports to USDA.

The one-agency approach—with its service, accountability, and new computerized tracking system—is eminently workable for South Dakota. It helps the commodity distribution system do the job it's supposed to—get food to people who need and can use it.

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article by Joanne Widner

Child Care In Minnesota

CCFP Helps Meet Growing Need For Quality Child Care



"Clothes can be a sign of a good child care provider," says Connie Johnson, a 14-year veteran child care provider in Champlin, Minnesota. "Look for worn jean knees. And look for the Child Care Food Program."

Johnson operates one of the 7,000 family day care homes in Minnesota that participate in USDA's Child Care Food Program (CCFP). A high-energy person with children of her own, Johnson says CCFP is the reason she has been able to continue as a day care provider for 14 years.

Established as a pilot program in 1968 and expanded nationally in 1975, the Child Care Food Program

Making children feel at home is important to family day care provider Connie Johnson. Serving good food helps her do that.



provides both financial support and USDA-donated food to child care facilities. Currently, CCFP provides nutritious meals and snacks to more than 1.2 million children in nearly 90,000 family day care homes and 18,000 day care centers across the country.

The program has grown steadily, serving 42 million meals in 1970, 436 million in 1980, and 725 million in fiscal year 1987. Federal funding has also increased. Last year, federal funding totalled more than \$551 million, not including the value of USDA-donated food provided through the program.

A look at CCFP in Minnesota

One state with a strong Child Care Food Program is Minnesota. As in most states, Minnesota's department

It's morning snack time at Ruth Towner's day care home in St. Paul. As the children watch, she slices apples and puts them into a blender to make applesauce. "The Child Care Food Program really stimulated my interest in food and teaching about nutrition," she says.

of education administers CCFP through agreements with public and private institutions, such as day care centers, Head Start programs, settlement houses, recreation centers, institutions for handicapped children, and organizations sponsoring family or group day care homes.

Although Minnesota has a relatively sparse population, the state has the second largest number, after California, of family day care homes participating in the Child Care Food Program.

According to Carolyn Brown, man-

ager of child care programs at the state department of education, the Child Care Food Program has contributed to the growth of family day care homes throughout Minnesota.

"We also have a strong licensing system in place, as well as good cooperation among the state and federal government, sponsors, and providers," Brown explains.

Family and day care homes must be sponsored by a public or private nonprofit organization to participate in CCFP. Day care centers can operate in the program either independently or under the auspices of a sponsoring organization.

Providers get special training

Russ Circo, director of USDA's child nutrition programs for the Food and Nutrition Service's Midwest region, says that one reason for Minnesota's success in administering the Child Care Food Program is the quality of training given to day care providers in the state.

Training child care providers in operating CCFP is a major responsibility for both the state administering agency and sponsoring organizations.

"Child care, especially home day care, can be a very isolating kind of job," says David Allen, executive director of Resources for Child Caring, Inc., which sponsors 600 day care homes in 10 Minnesota counties.

Allen says a field representative visits each home three times a year to monitor meal pattern requirements and offer nutrition advice and meal planning guidance.

Participation in the Child Care Food Program requires providers to keep daily records of what each child eats. Meals offered include breakfast, morning snack, lunch, and afternoon snack or supper; however, only two meals and one snack are reimbursable under the program.

In addition to home visits, sponsors offer a variety of training opportunities to help providers plan and prepare nourishing, well-balanced meals.

For example, the Adults and Children's Alliance, which sponsors nearly 900 day care homes throughout Minnesota, conducts evening workshops for providers on sanitation, food safety, and evaluating recipes.

Sue Duley, nutrition director for the Minnesota Licensed Childcare Association, another major day care sponsor, has developed a nutrition

correspondence course for providers. She has also, with assistance from the Food and Nutrition Service's Midwest staff, reprinted and distributed USDA's "Food Buying Guide for Family Day Care Homes."

Program encourages quality child care

The Child Care Food Program, and the training that comes with it, have a tremendous impact, say sponsors and state administrators.

"The program makes a significant difference in the quality of what a child eats in the formative years," says David Allen of Resources for Child Caring. "This is important for both physical and mental development."

The program also helps make child care affordable for low-income families, Allen says. "Without it," he says, "child care fees would rise 10 to 20 percent."

Gail Birch, chief executive officer of Provider's Choice, Inc., sees the CCFP as an incentive for centers and homes to meet high standards.

"CCFP encourages providers to get licensed," Birch says, "and licensing ensures that children will be in a safe, clean environment, that staff and child ratios will be maintained, and that good food will be served."

Provider's Choice administers the program for 30,000 children in 3,000 day care homes throughout Minnesota. It is the second largest CCFP sponsor in the nation.

"CCFP sponsors give home day care providers training and support," says Birch. "They treat providers as professionals, which enhances the status of child care."

Connie Johnson agrees. "When I first started, the status of child care was dismal," she says. "It was an attitude of, 'Oh, you're just a babysitter'."

Being part of the Child Care Food Program has helped upgrade her image. "I've become a nutrition resource for parents," she says, adding that they often ask her questions about their children's eating habits.

"Parents don't have to worry about food problems because they know how well their children are eating," she says.

Making children feel at home

According to Johnson, support from her sponsoring organization is one of the reasons the Child Care Food Program works well in her home. She credits sponsor training in recordkeeping and nutrition planning as crucial to the success of the program for both providers and children.

"When I was first introduced to the program, I was skeptical," Johnson says. "It sounded too good. But it works. I want to create the closest thing to a home environment as possible, and serving good food helps me do that."

In Minnesota, as across the U.S., the demand for quality day care is increasing. More than 60 percent of all mothers with children under 18 years old are in the labor force; more than 50 percent of mothers (8 million) with preschool children now hold jobs.

"Given the structure of the American family, the Child Care Food Program helps meet a tremendous need," says Russ Circo. "It demands professionalism and accountability in all aspects of providing this much needed service to children and their parents."

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U.S. Department of Agriculture
Food and Nutrition Service
Alexandria, Virginia 22302

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Published four times a year by
the Food and Nutrition Service,
U.S. Department of Agriculture,
Alexandria, Virginia 22302

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Yearly subscription: \$5.00 domestic,
\$6.25 foreign. Single copies: \$1.25
domestic, \$1.56 foreign. Send sub-
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fice, Washington, D.C. 20402. These
prices are subject to change without
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Office.

The Secretary of Agriculture has deter-
mined that the publication of this peri-
odical is necessary in the transaction
of the public business required by law
of this Department. The use of funds
for printing this publication has been
approved by the Director of the Office
of Management and Budget.

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Food and Nutrition is a magazine of
the U.S. Department of Agriculture.
In it you'll find articles on the family
food assistance and child nutrition pro-
grams administered by USDA's Food
and Nutrition Service in cooperation
with state governments and local
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